

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001184

**FILED**  
**Mar 05, 2004**  
**Secretary of State****Entity Name:** INTERFAITH PATHWAYS, INC.**Current Principal Place of Business:**13585 BARBERRY DRIVE  
WELLINGTON, FL 33414**New Principal Place of Business:****Current Mailing Address:**13585 BARBERRY DRIVE  
WELLINGTON, FL 33414**New Mailing Address:****FEI Number:** 11-3039607**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**ABRAHAM, MARLA R  
13585 BARBERRY DRIVE  
WELLINGTON, FL 33414 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:****Title:** PD ( ) Delete  
**Name:** ABRAHAM, MARLA R  
**Address:** 13585 BARBERRY DR  
**City-St-Zip:** WELLINGTON, FL 33414**Title:** D ( ) Delete  
**Name:** ABRAHAM, WILLIAM M  
**Address:** 13585 BARBERRY DR  
**City-St-Zip:** WELLINGTON, FL 33414**Title:** D ( ) Delete  
**Name:** ABRAHAM, MARNLE  
**Address:** 13585 PALBERRY DR  
**City-St-Zip:** WELLINGTON, FL 33414**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** D (X) Change ( ) Addition  
**Name:** ABRAHAM, MARNIE  
**Address:** 13585 BARBERRY DR  
**City-St-Zip:** WELLINGTON, FL 33414

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARLA R. ABRAHAM

PD

03/05/2004

Electronic Signature of Signing Officer or Director

Date